

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43217

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (in this place) <u>67 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Near Cotton Belt Depot</u>				d. STREET ADDRESS (If rural, give location) <u>107/0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leslie</u>		b. (Middle) <u>Walter</u>		c. (Last) <u>Woodruff</u>	
4. DATE OF DEATH		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, 2 <u>WIDOWED, DIVORCED (Specify)</u> <u>Widowed</u>	
8. DATE OF BIRTH <u>April 4, 1882</u>		9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Frog Island, Ill.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Frog Island, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Felina Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Elisa Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Caril Woodruff, Dexter, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Partial Decapitation with rupture of Brain, with Multiple fractures</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Being struck by train</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E802X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>35</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>St. L. S.W. R.R.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dexter, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 26, 1957 2:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by engine of train</u>			
22. I hereby certify that I attended the deceased from _____, 19 __, to _____, 19 __, that I last saw the deceased alive on _____, 19 __, and that death occurred at <u>2:20pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Murish Watkins</u>		23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>11-29-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-28-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.. Rural</u>	
DATE REC'D BY LOCAL REG. <u>11/29/57</u>		REGISTRAR'S SIGNATURE <u>Delma D. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins & Sons Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Deer Wd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.